

HALL COUNTY ATTORNEY'S OFFICE
231 S. Locust St., PO Box 367, Grand Island NE 68802-0367 (385-5150)
REQUEST FOR PROSECUTION INSUFFICIENT/NO FUNDS CHECKS

INSTRUCTIONS: This form may be the basis for an arrest and criminal prosecution. Please **PRINT** or **TYPE**.

1. Only checks stamped INSUFFICIENT FUNDS or ACCOUNT CLOSED will be accepted for prosecution. Post-dated checks, or checks which you agreed to hold cannot be prosecuted under Nebraska law, and will not be accepted.
2. The statutory fee of \$10.00 per check must accompany each check and Request for Prosecution turned in. If we receive restitution from the check writer, the \$10 fee will be included and returned to the merchant. If the merchant accepts payment from a check writer after a check has been turned over for prosecution, it is the merchant's responsibility to collect that \$10 fee from the check writer. This office will not refund the fee it collected to the merchant.
3. The original check must be attached to this Request in the appropriate position.
4. Checks are accepted for criminal prosecution and are not returned once charges are filed.
5. Checks in the amount of \$500.00 or more are felony level checks unless they were received:

- ATTACH CHECK HERE
- (A) in payment of a charge account;
 - (B) in payment of an open account;
 - (C) in partial payment of an account; or
 - (D) for past due rent.

If checks are received in any of the above situations, they are only prosecutable as misdemeanors, regardless of the amount.

6. This office CANNOT guarantee restitution when a defendant is convicted. Once a defendant pleads guilty to a bad check charge, the Court makes the decision as to punishment. The Court may order the defendant to make restitution, but the law does not require this. This office cannot pursue restitution if the Court does not make it a part of the sentence. The check(s) will be returned to you for action in a civil case, if you so choose.
7. This office will not pursue prosecution if no identification is taken, or the person accepting the check is not named on this form. **YOU NEED TO GET A DRIVER'S LICENSE AND DATE OF BIRTH WHEN YOU TAKE THE CHECK TO GIVE THIS OFFICE SUFFICIENT INFORMATION TO PROCEED WITH A WARRANT AND COMPLAINT. IF THE PERSON WHO TOOK THE CHECK CANNOT IDENTIFY THE CHECK WRITER BY MATCHING HIS/HER I.D. OR BY SIGHT, WE CAN NOT PROSECUTE THE CHECK WRITER.**

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- (1) How can the person who accepted the check identify the check writer?

Choose one of the following:

☐ By a Driver's License (or other state issued identification) **OR** ☐ By Sight

If the person who accepted the check cannot identify the check writer either with a driver's license, or by sight, please STOP NOW and contact the check department.

- (1a) If you chose "By a Driver's License," do you know if the person who accepted this check reviewed the driver's license in this particular case to ensure that the person pictured in the identification is the check writer, AND, is the license number written on this check?

☐ Yes **OR** ☐ No If Yes, Driver's License# _____

- (1b) If you chose "By Sight," will the person who accepted this check be able to identify the check writer in a photo lineup?

☐ Yes **OR** ☐ No

If you did not check "Yes" to either question (1a) or (1b), please STOP NOW and contact the check department.

- (1c) Have you taken checks from this person in the past?

☐ Yes **OR** ☐ No **OR** ☐ Unknown

- (1d) What is the check writer's date of birth (if known)? _____

FOR OFFICE USE ONLY

Received Date: _____

Receipt#: _____

(2) Did you take this check in Hall County? [] Yes **OR** [] No
If "No", do not proceed. You need to pursue this matter in the County where the check was received.

(3) Was this check Post-Dated? [] Yes **OR** [] No

(3a) Did the check writer ask the person who accepted this check to hold this check? [] Yes **OR** [] No

(3b) Did the person who accepted this check agree to hold this check? [] Yes **OR** [] No

If "Yes" to question (3), (3a), or (3b), do not proceed. This office cannot prosecute this check.

(4) Name of Complainant (Merchant/Victim) _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Name of Check Writer _____

Address _____

City _____ State _____ Zip Code _____

(5) Did the Check Writer mail you this check? [] Yes **OR** [] No

Name of Person who accepted check _____ **Position** _____

(6) Date Check Received _____ Amount of Check \$ _____

Check Received in Payment for _____

Did Check Writer receive Property, Value, or Services on the date this check was issued? [] Yes **OR** [] No

If "No", Please Mark One of the Reasons Below, or Explain.

[] Paid on Charge Account

[] Paid on Open Account

[] Past Due Rent

[] Partial Payment on Account

Other _____

(7) Name of Bookkeeper or person who received check back from the bank _____

(8) Did your financial institution charge you any fee for this returned check? [] Yes **OR** [] No

If "Yes", how much? (**Bank notice of fee charged must be attached**) \$ _____

(9) Has the Check Writer made any payments towards this check? [] Yes **OR** [] No

If "Yes" how much? (The restitution we request will be reduced by this amount.) \$ _____

(10) Efforts made to contact the Check Writer. Please attach copies of any letters or notices sent.

(11) Other information _____

COUNTY OF HALL)
)SS
STATE OF NEBRASKA)

I, _____, state that I have made the above request for prosecution, that the facts contained herein are true
(Print Your Name)

to the best of my knowledge, and I am willing to testify in Court to the above facts under oath. I understand that false or misleading statements made herein may be a basis for a prosecution for perjury. Further, I understand that the decision to file criminal charges will be made by the Hall County Attorney's Office, and that decision will take into account numerous factors, including, but not limited to, what evidence exists of intent to defraud, availability of bank records, and the ability of the person taking this check to identify the check writer. I further understand that prosecution does not guarantee restitution. I do hereby swear that I have read and completed the above Request for Prosecution, and the statements contained therein are true to the best of my knowledge, information and belief.

(Your Signature) _____

Subscribed and sworn to before me this _____ day of _____, 2006.

Notary Public